
A. RECORD MANAGEMENT

Client ID: _____

Grant ID: _____

Intake ID: _____

Interview Date: |_|_|/|_|_|/|_|_|_|_|
 Month Day Year

Interview Type: ☐ intake
 ☐ status interview
 ☐ discharge

Status Interview Number: _____ (only if Interview Type is 'status interview')

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:

	<u>Number of days</u>
a. Any alcohol	_ _
b1. Alcohol to intoxication (5+ drinks in one sitting).....	_ _
b2. Alcohol to intoxication (4 or fewer drinks and felt high)	_ _
c. Illegal drugs.....	_ _

2. During the past 30 days how many days have you used the following:

	<u>Number of Days</u>	<u>Route of Administration</u>
a. Cocaine/Crack	_ _	_____
b. Marijuana/Hashish	_ _	_____
c. Heroin/other opiates	_ _	_____
d. Hallucinogens/psychedelics	_ _	_____
e. Methamphetamines or other amphetamines	_ _	_____
f. Benzodiazepines.....	_ _	_____
g. Barbiturates	_ _	_____
h. Ecstasy and other club drugs	_ _	_____
i. Ketamine	_ _	_____
j. Inhalants	_ _	_____
k. Other Illegal Drugs (SPECIFY)	_ _	_____

NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS (INSERT ABOVE):

1. *Oral*
2. *Smoking*
3. *Inhalation*
4. *Injection (IV or intramuscular)*
5. *Other*

C. FAMILY AND LIVING CONDITION (DO NOT READ OPTIONS TO CLIENT)

1. In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living (including on own, self-supported, and non-supervised group homes)

2. Do you have children?

- ☐ YES
- ☐ NO (GO TO SECTION D)

2a. How many children do you have?

|_|_|

2b. Are any of your children living with someone else due to a child protection court order?

- ☐ YES
- ☐ NO (GO TO SECTION D)

2c. If yes, how many of your children are living with someone else due to a child protection court order?

|_|_|

2d. For how many of your children have you lost parental rights? (The client's parental rights were terminated.)

|_|_|

3. IF FEMALE: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY) _____

2. Are you currently employed?

- ☐ Full time – Working 35 hours or more each week; includes members of the uniformed services
- ☐ Part time – Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job
- ☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution
- ☐ Other (SPECIFY) _____

3. If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ Other (SPECIFY) _____

4. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)

|____|____| level in years

4a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

- ☐ Yes
- ☐ No

E. CRIMINAL JUSTICE

1. In the past 30 days, how many times have you been arrested? (IF NO ARRESTS, GO TO ITEM E3)

|_|_|
TIMES

2. In the past 30 days, how many times have you been arrested for alcohol or illicit drug offenses?

|_|_|
TIMES

3. In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED.)

|_|_|
NIGHTS

F. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? (i.e., did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

☐ YES
☐ NO

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

☐ YES
☐ NO

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

☐ YES
☐ NO

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

☐ YES
☐ NO

5. To whom do you turn to when you are having trouble?

☐ NO ONE
☐ CLERGY MEMBER
☐ FAMILY MEMBER
☐ FRIENDS
☐ OTHER (SPECIFY): _____

G. SERVICES (DO NOT COMPLETE AT INTAKE)

Identify the number of DAYS provided to the client since the last interview.

	Modality	#Days
1.	Day Treatment	_ _ _
2.	Inpatient/Hospital (other than detoxification)	_ _ _
3.	Outpatient	_ _ _
4.	Outreach	_ _ _
5.	Intensive Outpatient	_ _ _
6.	Methadone	_ _ _
7.	Residential/Rehabilitation	_ _ _
8.	Detoxification	_ _ _
	a. Hospital Inpatient	_ _ _
	b. Free-Standing Residential	_ _ _
	c. Ambulatory Detox	_ _ _
9.	Recovery Support	_ _ _

Identify the number of SESSIONS provided to the client since the last interview.

	Clinical Treatment Services	#Sessions
1.	Screening/assessment	_ _ _
2..	Brief Intervention	_ _ _
3.	Treatment Planning	_ _ _
4.	Individual Counseling	_ _ _
5.	Group Counseling	_ _ _
6.	Family/Marriage Counseling	_ _ _
7.	Co-occurring Treatment Services	_ _ _
8.	Pharmacological Interventions	_ _ _
9.	HIV/AIDS Counseling	_ _ _
10.	Other Clinical Services	_ _ _

G. SERVICES (DO NOT COMPLETE AT INTAKE) (CONTINUED)

Case Management/Recovery Support Services		#Sessions
11.	Family Services (including Marriage education, parenting and child development services)	_ _ _
12.	Child Care	_ _ _
13..	Employment Services	_ _ _
	13a. Pre-employment Services	_ _ _
	13b. Employment Coaching	_ _ _
14.	Individual Services Coordination	_ _ _
15.	Transportation	_ _ _
16.	HIV/AIDS service	_ _ _
17.	Supportive transitional drug-free housing services	_ _ _
18.	Other Case Management Services	_ _ _

Medical Services		#Sessions
19.	Medical Care	_ _ _
20.	Alcohol/Drug Testing	_ _ _
21.	HIV/AIDS Medical Support & Testing	_ _ _
22.	Other Medical Services	_ _ _

G. SERVICES (DO NOT COMPLETE AT INTAKE) (CONTINUED)

After Care/Recovery Support Services		#Sessions
23.	Continuing Care	_ _ _
24.	Relapse prevention	_ _ _
25.	Recovery Coaching	_ _ _
26.	Self-help and Support Groups	_ _ _
27.	Spiritual Support	_ _ _
28.	Other After Care Services	_ _ _

Education/Recovery Support Services		
29.	Substance Abuse Education	_ _ _
30.	HIV/AIDS Education	_ _ _
31.	Other Education Services	_ _ _

Peer-to-Peer Recovery Support Services		
32.	Peer Coaching or Mentoring	_ _ _
33.	Housing Support	_ _ _
34.	Alcohol- and Drug-Free Social Activities	_ _ _
35.	Information and Referral	_ _ _
36.	Other Peer-to-Peer Recovery Support Services	_ _ _

H. DEMOGRAPHICS (ASKED ONLY AT INTAKE)

1. Gender

- ☐ MALE
☐ FEMALE
☐ TRANSGENDER
☐ OTHER (SPECIFY) _____

2. Are you Hispanic or Latino?

- ☐ YES
☐ NO

2a. If yes, what ethnic group do you consider yourself? (CHECK ALL THAT APPLY)

- ☐ Central American
☐ Cuban
☐ Dominican
☐ Mexican
☐ Puerto Rican
☐ South American
☐ Other (SPECIFY) _____

3. What is your race? (CHECK ALL THAT APPLY)

- ☐ Black or African American
☐ Asian
☐ American Indian
☐ Native Hawaiian or other Pacific Islander
☐ Alaska Native
☐ White
☐ Other (SPECIFY) _____

4. What is your date of birth?*

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

*The system will only save Month and Year.

I. DISCHARGE INFORMATION (COMPLETE AT DISCHARGE)

1. What is the date of discharge? (SPECIFY THE MONTH, DAY, AND YEAR THE CLIENT WAS FORMALLY DISCHARGED FROM THE ATR PROGRAM.)

|_|_|_|_| / |_|_|_|_| / |_|_|_|_|_|
MONTH DAY YEAR

2. What is the reason for discharge?

- ☐ Treatment completed
- ☐ Transferred to another provider
- ☐ Administrative discharge
- ☐ Incarcerated
- ☐ Death
- ☐ Lost contact (dropped out)
- ☐ Other (SPECIFY) _____

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